File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



IA ETHICS AND

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

			7	2008 JUL 16 AM 11: 19
COMMITTEE NAME (Must	be same as on Statement of Orga	nization)	•	
MODILORS FI	DEAVETTE PO	INTU AUDITI	2	FORM
IMPORTANT: Indicate by # type	e of committee you are reporting for:	5		DR-2 DISCLOSURE
(1)Statewide/Legislative/Judge	e Standing for Retention Candidate (2 (5)County Candidate (6)City Candid	2)State PAC (3)State Party	itical	(Rev. 07/2007) REPORT
Subdivision Candidate (8)Cou	inty PAC (9) City PAC (10) School B			For Office Use Only
11) Local Ballot Issue				Comm. #
CANDIDATE COMMITTEES Candidate Name	5 ONLY:	Political Party (if applicable	e)	Logged In
LORINI	rellers	RODUHICO	21/	Scanned
Office Sought	2 / 1	District (if Senate or House	2)	Audited
FAYETTE (OUNTY HUDIK	<u> </u>		
Late reports are subject to posi	sible civil and criminal penalties. Pur	rsuant to lowa Code sections 688	.32A(7) and	68A.401(3), the candidate, for a
1	ο Λ			
Hospan Mas	1000	(5/03) 422-3	9/4	7-15-08
SIGNATURE OF PERSON F	ILING REPORT	TELEPHONE	201	DATE SIGNED
I AM FILING A	11, 19th	DEDORT COR (4) EL FOT	ON (0)NO	N EI PATION VEAD
	Toward data	REPORT FOR (1) ELECT	by # /	N-ELECTION YEAR.
	report date)		Dy # [Z]	
LICHECK IF AMENDMENT	TO REPORT DATED		Local C	ommittees, enter Date of Election
Check if this is final (terminal)	nation) report and attach Notice of	f Dissolution Form DR-3	1/10	W. 4 2008
	to file reports until a DR-3 is filed.			& Local Committees, enter County in lection is held
			E	1VETTE
STATE	MENT OF CASH ON HAND			
CASH ON HAND at the begin	nning of the reporting period. (Tot	al of all funds held by the		
committee. This arr	nount MUST be the same as the c	ash on hand at the end		-0-
	period or must be zero if this is fin	st героп піеа.)		
	EY TAKEN IN THIS PERIOD	de Al Malan and in blad bullers		# フベハ 〇〇
	Contributions total (Attach Schedu	•		# FOO
	Received total (Attach Schedule I	•		230.00
	Sales of Campaign Property (Attac	•	••••••	
(Schedule	H applies to Candidates' Comm	<u>nittees Only)</u> SUB-TOTAL		* 800.00
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD			# == 1 111
Schedule B: Expen	ditures total (Attach Schedule B) (**also see debts and loans belo	w)(w	* 276.41
	Repayments total (Attach Scheduk		•	\$ 50.00
	of this reporting period (if final repo			# 473.59
	edule D - Attach Schedule D)			
	(From Schedule E - Attach Sched			
	rom Schedule F - Attach Schedule	•		
CONSULTANT BREAKDOW		- ,	•••••••••••••••••	YES X NO
CANDIDATE COMMITTEES	` ,		-	
	PERTY (From Schedule H - Attac	th Schedule H)	9	0-
· · · · · · · · · · · · · · · · · · ·	Tirani Tirani			

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For	Instruc	tione S	too Re	ck of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

MONETARY (Rev. 07/03) **RECEIPTS** (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	ID#	GARYOR Theresa Wilson		\$	
75/08	CK# 46013	GARYOR Theresa Wilson 23616-50th St. FAIRBANK, IA 50629		4000	L
	ID#	FAYETTE CO. Republican	y.	8	
1/8/08	ck# 1075	Clermont IA 52135	/ •	25000	
7//-	ID#	David OR Chery! HANSON		Æ	
18108	CK# 7727	11883 - AUR. FayeHe, TA 52142		10000	L
	ID#				
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	CK#				
	ID#				
į	CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule,

(for Schedule A)

SCHEDULE

Α

Reset Form

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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) aaat	Form	
	TOOL!	ronn	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

COMMITTE	E NAME (Must be s	same as on Statement of Organization)		
MOE	LLERS FO	OR FAVELLE COUNTE	Auditor	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM — EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Fragette Co.	muemon	
79/08	CK#/202	1198 VINE TA 5217	Dawspaper campaign 5	\$4/1.70
	ID#	MANUSDANOIS OF	1 musemon	Ci.
79/08	ck#/003	Fayette Co. Elgin IA 52141	Campaign Ad	30,00
	ID#	Parilanto	Man na Facil	A.
1968	CK#/1004	Decorah	Flyers	42.80
7/ /	ID#	A1111	ENVETODES TNV	
10/08	ck#/005	West Union	Pager . Labers	24.51
٠, ١,	ID#	11000	Doctor Co	4
1000	CK#/006	4070	Mailing JOR	12600
-//	ID#	Andre Tinal	Pariou Bo	
/11/08	CK#/1017	LING ELINION	Parade,	\$ //.40
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$27/241
			TOTAL (if last page of this schedule)	\$276.41

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of_	

FOR INSTRU	PIANTO	SEE DA	CVOE	EODM
ruk instru	CHONS.	SEE BA	CK Ur	·UKM

·	D	INCURRED
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 08/98)	INDEBTEDNESS
MORILEIS FOR FAURHE COUNTY AND ITOR	CHE	CK THIS BOX
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period. Reset Form	IF AI FOR	MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been proceived.

SCHEDULE

			n received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
04/24/08	TASOU MOEITEIS 26904 L AUR WEST UNION TA 52175	Campaign Flyers flou Copyland	*80.25
5-14-08	TASON MOPILEIS 26904 L. ACR LOIST UNION IA 52175	USPS POSTAGE	*112.00
410108	TASON MOEITEIS 26904 L ANE WIST UNION TA 52175	NUUSPAPA FOR CAMPAIGN DEWOON PUBL.	# 62.88
42068	TASOÙ MÔCHETS 26904 L'AUC LOCS E LINIOÙ TA 5217	NUUSPADA AD FOR Campaign FAYEHE CO. UNION	\$ 69.50
le/20/08	TASOD MOEIIEIS 26904 L AVI WIST WINTOU TA 5217	Nauspapar AD FOR Campaign SNAUSPASERS OF	\$1800
5/28/08	TASOU MOELLEIS 20904 L. AUD LIBST UNION TA 5217	Pampaign Signs FROM 5 DOSIGN DOCIAL	376.25
1/28/08	TASON MOÉMEIS 26904 L. ASO ZOOST UNION TA 52175	Vewspapar AS FOR Campaign Olyvein Publ	*62.8 <u>8</u>
	TOTAL DEBTS OWED BY COMMITTEE AT TO	SUB-TOTAL HE END OF THIS REPORTING PERIOD	741.76
*If actual figure is	unknown, show "estimated" beside the figure.	Page	1 0 2

"If actual figure is unknown, show "estimated" beside the figure.

Page _____ of _____

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS	SEE BACK	OF FORM
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COMMITTEE	NAME (Must be same as on Statement of Organization)	Assibe	(Rev. 08/98) INDEBTEDNESS CHECK THIS BOX
NOTE: Debts Sched	IF AMENDING FORM		
DEBTS/OB (DO NOT IN	An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.		
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED OF PURCHASED	
7/3/08	TASON MODITASSIZ	Campaign Rec Ecom a	1/5 # 1704
	J		
	OTAL \$ 77.04		
	TOTAL DEBTS OWED BY COMMITTEE AT T	HE END OF THIS REPORTING PE	8/880
*If actual figure is	unknown, show "estimated" beside the figure.		Page of of (for Schedule D)

SCHEDULE

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

	E NAME (Must be same as on Statement of Organization)	SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS	
Mollees FOR FAYEHE COUNTY AUDITOR Reset Form			CHECK THIS BOX IF AMENDING FORM	
DATE	RELATIONSHIP DESCRIPTION	ECTIMATED		

DATE		DELATIONS:	1 2222	<u> </u>	
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
1/3/08	CINDY EINCK WOSELINIOU IA		CANDY FOGOTABLE	#//:40	
1/3/08	Duane & Rovi Sue HAWKeye TA		Canpy FOEarape	\$5.00	
			SUB-TOTAL	16.40	
			TOTAL (If last page of this	\$	
			schedule)	16.40	
			•		/ /

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of___

1000	EKS FUR FAYELLE LOUNTY H	ande	(Rev. 02/08) RECEI
	the reports money loaned to the committee which is deposited in th	committee account.	CHECK THIS BO AMENDING FOR
T!- MONETAI	RY LOANS RECEIVED THIS REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is involved.	ved. Include loans from candida	ate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
126/08	TUSUV NOUTURS 26904 L. ACU LUSH UNIOU IA 52175	Spouse	5000
RT II - MONETA (Loans fo	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD orgiven must be reported on Schedule E — In-kind Contributions.)	TOTAL (PART I)	\$5000
(Loans fo	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD orgiven must be reported on Schedule E – In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	\$5000
(Loans fo	rgiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER		\$5000 \$5000 \$40000 \$5000
(Loans fo	rgiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	
(Loans fo	rgiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TASOUM OF LACE: JUST 152175	RELATIONSHIP TO CANDIDATE* (If Applicable)	5000
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TASOUM OF LACE: JUST 152175	RELATIONSHIP TO CANDIDATE* (If Applicable)	5000
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH REP	RELATIONSHIP TO CANDIDATE* (If Applicable) SOUSC AYMENTS (PART II) DANS FORGIVEN OF REPORT PERIOD	

SCHEDULE

FOR INSTRUCTIONS, SEE BACK OF FORM